

## Chapter II – Foundations

In this Chapter you will find for each disability group the following:

- ☑ Foundations
- ☑ Policy Implications
- ☑ Outcomes Desired
- ☑ Components of an Ideal System of Support

### *Establishing the Foundations to Address Service Gaps*

Gaps in service are defined by differences between Best Practice utilization and Current utilization in this project. The initial Gap Analysis should be considered a baseline of information, a “point in time” snapshot of service delivery within NC. The predictive models for subsequent years provide a glimpse of future gaps. However, in order to reap the benefits of this information and data analysis, NC must conduct similar analysis on an ongoing basis. This will enable NC to measure the extent of success in improving access and quality of services both in the community and in state operated facilities.

NC has already made adjustments to the type of data collected on community utilization in order to conform to SAMSHA goals and requirements. There are, however, several gaps in the system’s infrastructure that impede the collection of data necessary for performing regular gap analyses at this time. These issues are primarily related to LME Contract performance indicators, capacity reporting and service reporting of all units regardless of payer, including emergency services, which need to be addressed if the state wishes to collect appropriate, accurate and sufficient data to perform ongoing gap analyses routinely.

The desired service configuration had to be selected before forecasting and cost strategies could be finalized. Although there is no one correct approach, there are three initial elements to good service design: 1. Analysis of consumer needs to concentrate on practical services that are likely to be acceptable; 2. Base new service design on well-defined, carefully selected core principles/policies; and 3. Start with a vision of the outcomes to be achieved and select services that will accomplish them. Secondary elements critical to initial service design includes decisions regarding: Terms of entry (service eligibility), Terms of intensity (frequency and duration) and Terms of cost. Consideration of all of the above factors was important to avoid single-category thinking and to create an optimal, overall system.

The World Health Organization had ten recommendations to address the mental health treatment gap in their 2001 report:

- Mental health treatment should be accessible in primary care
- Psychotropic drugs should be readily available
- Care should be shifted away from institutions and towards community facilities
- The public should be educated about mental health
- Families, communities and consumers should be involved in advocacy, policy making and forming self help groups